

Cheryl Christiansen
City Clerk
Rhonda Reed
Deputy City Clerk
Phone (518) 279-7134
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Office of the City Clerk
433 River St., Suite 5001
Troy, NY 12180

Registration #

TP20_____

REGISTRATION
TATTOO PARLORS

Tattoo Parlor Shop Name:_____

Address of Tattoo Parlor: _____

Business Phone #:_____ **Business Hours:**_____

Owners Name: _____

Owners Address: _____

Owner's Home Phone #: _____

Name(s) & Birth Dates of Tattoo Artists:_____

Troy City Code Chapter 255-4

Any person engaged in the business of tattooing shall file a registration form annually with the City Clerk, along with a nonrefundable processing fee of \$200 paid by certified or business check or money order or cash.

Payment of: _____ **Check #:** _____ **Date of payment:** _____

I have read Chapter 255 of the Code of the City of Troy (attached) and agree to comply with all of the requirements therein.

Applicant's Signature: _____

Approved: ☐ Disapproved: ☐

Police Chief: _____ Date: _____

Seal

DATE: